



**INSTRUCTOR / COORDINATOR  
COURSE AUTHORIZATION REQUEST**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF EMERGENCY MEDICAL SERVICES  
SFN 53362 (7-05)



Telephone (701) 328 - 2388 / Fax (701) 328-1890

**INSTRUCTIONS:** Type or print clearly. **The following is to be completed by the EMS Instructor / Coordinator and return one completed copy 2 Weeks before the testing** to: ND Department of Health, Division of Emergency Medical Services, 600 E Boulevard Ave. Dept. 301, Bismarck, ND 58505 – 0200.  
Keep a copy for your records.

**TYPE OF TRAINING** (Please check one or both)

<input type="checkbox"/> Initial and / or	<input type="checkbox"/> Refresher
The course will be conducted at: (Name of Facility)	City:

**THE CLASS WILL BE CONDUCTED BY** (check one – provided name and address)

<input type="checkbox"/> Name of EMS Service	Facility:			
	Address:	City:	State:	Zip:
<input type="checkbox"/> Facility name / Organization	Facility:			
	Address:	City:	State:	Zip:
<input type="checkbox"/> Other	Facility:			
	Address:	City:	State:	Zip:
The course will begin on: (Approximate date)		The course will end on: (Approximate date)		
The course will meet: (i.e. every Tuesday, every Tuesday and Thursday etc.)		Meeting time: (Approximate time)		
Course Physician Medical Director is (Name)		Email Address: (Optional)		
EMS Instructor Serving as Course Coordinator:(Name)		Email Address: (Optional)		
Mailing Address:		City:	State:	Zip:
UPS Delivery Address: (If different from above)		City:	State:	Zip:
Work Telephone:	Home Telephone:	Cell Telephone:	Fax Telephone:	

**As Instructor / Coordinator, I will secure course materials and visual aids\*, secure use of classroom facilities, prepare and implement class schedules, and perform other appropriate class functions. I will adhere to the EMS Instructor Training Program DOT National Standard Curriculum throughout the course.**

Date:	Signature:
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\* If videos need to be reserved for the above training, please call (701-328-2388) for scheduling.

<u><b>DEMS USE ONLY</b></u>		Course Authorization # _____
Posted on website _____ By _____		
Handouts Sent By _____ On _____		

Complete and Return to: Division of Emergency Medical Services  
North Dakota Department of Health  
600 E Boulevard Ave. Dept. 301  
Bismarck ND 58505-200  
Phone: (701)328-2388 – Fax (701)328-1890

## EMS TRAINING COURSE INSTRUCTOR ROSTER

Course Location:
Name of Course:

In addition to the course coordinator, the following persons will assist in instructing the course:

[illegible]